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Commentary: The Worst 4-Letter Word in Healthcare

“Wait” is a four-letter word to patients who are rarely patient when it comes to waiting. What can caregivers do to help patients cope with waiting while their entire lives are put on hold?

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Commentary: The Worst Four-letter Word in Health Care

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If it's true that the journey is more important than the destination, then why is waiting considered such a waste of time? Isn't waiting part of the journey?

"Wait" is a four-letter word to patients who are rarely patient when it comes to waiting. That's odd, because waiting has always been a large part of every patient's health care journey. Wait for an appointment. Wait for insurance approval. Wait for lab results. Wait for a biopsy report. Wait in the waiting room. Wait at home by the phone. You'd think patients would be accustomed to waiting by now, but they aren't, even though waiting can exacerbate the condition. Knowing this, you'd think caregivers would try to minimize the wait and reduce the adverse effects waiting can have on their patients.

As a result of the growing commercialism of healthcare and the pressures of increased patient loads, there is little that caregivers can do to eliminate waiting, but there is much that caregivers can do to help patients cope with the wait. One is to jazz up waiting areas with comfortable furniture, wide-screen televisions, fresh magazines, and saltwater fish tanks. That's why you rarely find a wall clock in a waiting room. These kinds of time-distracters work for patients who made it to the waiting room, but what about the majority of patients who are waiting for appointments, scans, exams, and critical lab reports that could impact their lives and lives of their families and loved ones? What can caregivers do to help patients cope with waiting while their entire lives are on put hold?

A patient has a biopsy and is told to wait one to three days for the results. A week passes with no phone call, no note in the patient's online medical record. The patient leaves a telephone message with the receptionist, and when she doesn't hear back, she sends an email to the doctor. The silence is killing her. Maybe the worst is that the clinic is still waiting for a report. Maybe the worst is that the doctor will need to do another biopsy. Maybe the worst is much worse than that. Right now, for the patient, the worst is the wait and having to put her life on hold. She wishes she could fast-forward or better yet delete the wait altogether, like uneventful scenes cut from a movie, excised *in toto* from her life like the lump in her breast.

Benjamin Disraeli (1804 – 1881) said that the best way to deal with the waiting game is to "Hope for the best, but prepare for the worst."¹ That worked for the paramedics who had to wait three hours before they were allowed to enter the Pulse Nightclub in Orlando to save shooting victims.¹ Ethically, we cannot give the same advice to patients. Imagine a patient's reaction upon hearing, "Mrs. White, while we wait for the results of your pathology report, I suggest you make funeral arrangements." Seems cruel, yet a doctor's silence runs a close second.

The ultimate time-distracter is personal communication. Communication breaks the deathly silence, improves patient satisfaction, professional relationships, and clinical outcomes. When a patient who is waiting for biopsy results is promised a phone call in "one to three days," she should get a call on day one or two, whether the results are back or not. A way to distract the patient from the negative effects of waiting is to say something like, "Mrs. White, I'm just calling to see how you're doing. Oh, yes I have the lab results right here," or, "No, we're still waiting, just like you, and will call you as soon as we get the results." Studies show that waiting is a subjective experience, and the caregiver can sooth the negative effects and *affects* of waiting by communicating with the patient.

I like Maya Angelou's version of Disraeli's advice for waiting, which she describes in *I Know Why the Caged Bird Sings* as, "Hoping for the best, prepared for the worst, and surprised by anything in between."² It's the in-between time that caregivers can have the greatest impact on a patient's well-being, reduce the adverse effects of waiting, and contribute to the quality of the patient's health journey.

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